



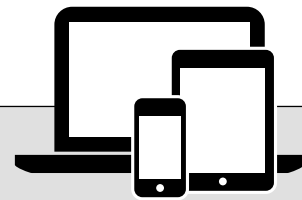
Welcome to the TRAIL MAPD Enrollment Period

TRAIL MAPD Open Enrollment Period: October 15 - November 15, 2019

The State of Illinois offers retirees, annuitants and survivors a healthcare program called **Total Retiree Advantage Illinois (TRAIL)**. This program provides eligible members and their covered dependents comprehensive medical and prescription drug coverage through TRAIL Medicare Advantage Prescription Drug (commonly referred to as “MAPD”) plans. The program includes vision coverage through EyeMed, optional dental coverage through Delta Dental and life insurance coverage through Securian Financial (Minnesota Life).

As an individual who is enrolled in Medicare Parts A and B, your TRAIL MAPD Open Enrollment Period will be held in the fall of each year, rather than during May as in the past. For 2020, the plan year will begin January 1 and will go through December 31, 2020.

All Illinois counties have an HMO and PPO option. Retirees, annuitants and survivors residing outside Illinois may elect the PPO option only.



The TRAIL MAPD Enrollment Period features a web-based online enrollment platform entitled **MyBenefits** at **MyBenefits.illinois.gov**.

This site streamlines your benefit options into a one-stop shop for your insurance needs. This includes learning more about your current insurance benefits, making enrollment decisions, changing your current coverage and finding contact information for all your plan administrators. How-to-enroll videos are on the site to walk you through the enrollment process.

The online system is comprehensive with the goal of providing information 24/7 and allowing you to make changes in real-time. The site will allow you to make benefit elections during open enrollment; it will also allow you to add/or drop dependents mid-year due to a qualifying change in status, or correct personal information. The website will include all your benefit information as well as educational information and interactive tools.

MyBenefits.illinois.gov is accessible via your computer, smartphone or tablet. You may also contact customer service representative for assistance Monday – Friday 8:00 AM – 6:00 PM CT (toll-free) 844-251-1777 or 844-251-1778 TDD/TTY.

To access the enrollment platform, you need to register on the website using information pertinent to you for self-authentication. Once registered, you will be provided your CMS-issued Employee ID Number (EIN), which you will need whenever you login to this site. If you lose your EIN, you will be able to retrieve it through the self-authentication process.

Members newly eligible for the TRAIL MAPD Program will be required to enroll during the TRAIL MAPD Open Enrollment Period which runs October 15 – November 15, 2019.

During the TRAIL MAPD Open Enrollment Period You:

- May elect to opt-out. **Note: If you opt-out, medical, prescription drug and vision coverage for you and your enrolled dependents will end December 31, 2019; only your life insurance and dental coverage, if elected, will continue.**
- May elect to re-enroll in medical/prescription drug coverage if you previously opted-out or waived coverage.
- May add or drop dental coverage.
- May add or drop dependent coverage. **IMPORTANT: You must contact the MyBenefits Service Center (toll-free) 844-251-1777 or 844-251-1778 TDD/TTY, if you want to add a dependent who is not enrolled in Medicare Parts A and B. If you add a non-Medicare dependent, you will be ineligible to enroll in a TRAIL MAPD plan.**
- May add, drop, increase or decrease Member Optional Life coverage, if eligible. To request a change in your life insurance coverage, members must go online at MyBenefits.illinois.gov and follow the instructions. You will be required to undergo underwriting through the life insurance plan administrator, Securian Financial (Minnesota Life), if you request to add or increase your Member Optional Life coverage.
- May add or drop Child Life, Spouse Life and/or AD&D coverage, if eligible. To add or drop coverage, members must go online at MyBenefits.illinois.gov and follow the instructions. Your spouse will be required to undergo underwriting through the life insurance plan administrator, Securian Financial (Minnesota Life), if you request to add Spouse Life coverage.

Important Information

- **You must keep Medicare Parts A and B and continue to pay the applicable Medicare premiums.**
- If the member's household Medicare information is not on file with MyBenefits, or the State's Medicare COB Unit by the end of the TRAIL MAPD Enrollment Period, the TRAIL MAPD and State medical insurance will be waived for the person(s) with the missing information and waived for the entire household if the member is missing information.
- You can only be in one Medicare Advantage or Medicare Part D (prescription drug) plan at a time. Enrollment in the TRAIL MAPD plan provides you with Medicare Advantage coverage as well as Medicare Part D coverage. **Therefore, enrollment in a different Medicare Advantage or Medicare Part D plan will automatically cause your TRAIL MAPD coverage to end, which will include your medical, prescription drug and EyeMed vision coverage.**
- You may terminate the TRAIL MAPD coverage at anytime by contacting the plan administrator in writing.
- If your residential or mailing address changes, you must notify your retirement system in writing as quickly as possible.
- If you are currently enrolled in one of the State's TRAIL MAPD HMO plans (i.e. Aetna Medicare Plan (HMO), Health Alliance MAPD HMO or Humana Employer Medicare HMO) and move outside of the plan's service area to a different county in Illinois or to a different state, you must elect a new MAPD plan available in your new area.

How to Enroll or Change Your Coverage Election:

- Review this Guide, along with the information you receive in the mail from the TRAIL Medicare Advantage Prescription Drug (MAPD) plan administrators for which you are eligible (based upon where you live – see the map on page 4). Materials mailed to you from the State-sponsored TRAIL MAPD plan administrators will feature the TRAIL logo (see logo to the right).
- Complete the online TRAIL MAPD enrollment process during the Open Enrollment period at **MyBenefits.illinois.gov** via your computer, smartphone or tablet. You also have the option to call a customer service representative for assistance Monday – Friday 8:00 AM – 6:00 PM CT (toll-free) 844-251-1777 or 844-251-1778 TDD/TTY. **Please note: No elections may be made prior to October 15.**
 - You and your covered dependents will all be enrolled in the same health plan.
- If you choose to enroll online, the TRAIL MAPD online enrollment process must be completed in its entirety. As you enroll online, follow the prompts until the end so you will know you have completed your coverage-election process. If you do not complete the process, your elections will not be saved. Please note, although you may use a post office box address to receive your mail, federal Medicare requires a residential street address. **If your preprinted mailing address on this mailing is different than your residential address, such as a Post Office Box, be sure to contact your retirement system with any address changes as quickly as possible.**



TRAIL MAPD Plan Monthly Contributions for Retirees, Annuitants and Survivors with Less than 20 Years of Service





Years of Service	Member's Responsibility: Percentage of Cost	HMO Plans (Humana Employer Medicare HMO, Aetna Medicare Plan (HMO), and Health Alliance MAPD HMO)	UnitedHealthcare PPO Plan
0	100%	\$183.04	\$209.53
1	95%	\$173.88	\$199.05
2	90%	\$164.73	\$188.57
3	85%	\$155.58	\$178.10
4	80%	\$146.43	\$167.62
5	75%	\$137.28	\$157.14
6	70%	\$128.12	\$146.67
7	65%	\$118.97	\$136.19
8	60%	\$109.82	\$125.71
9	55%	\$100.67	\$115.24
10	50%	\$91.52	\$104.76
11	45%	\$82.36	\$94.28
12	40%	\$73.21	\$83.81
13	35%	\$64.06	\$73.33
14	30%	\$54.91	\$62.85
15	25%	\$45.76	\$52.38
16	20%	\$36.60	\$41.90
17	15%	\$27.45	\$31.43
18	10%	\$18.30	\$20.95
19	5%	\$9.15	\$10.47
20+	0%	\$0.00	\$0.00

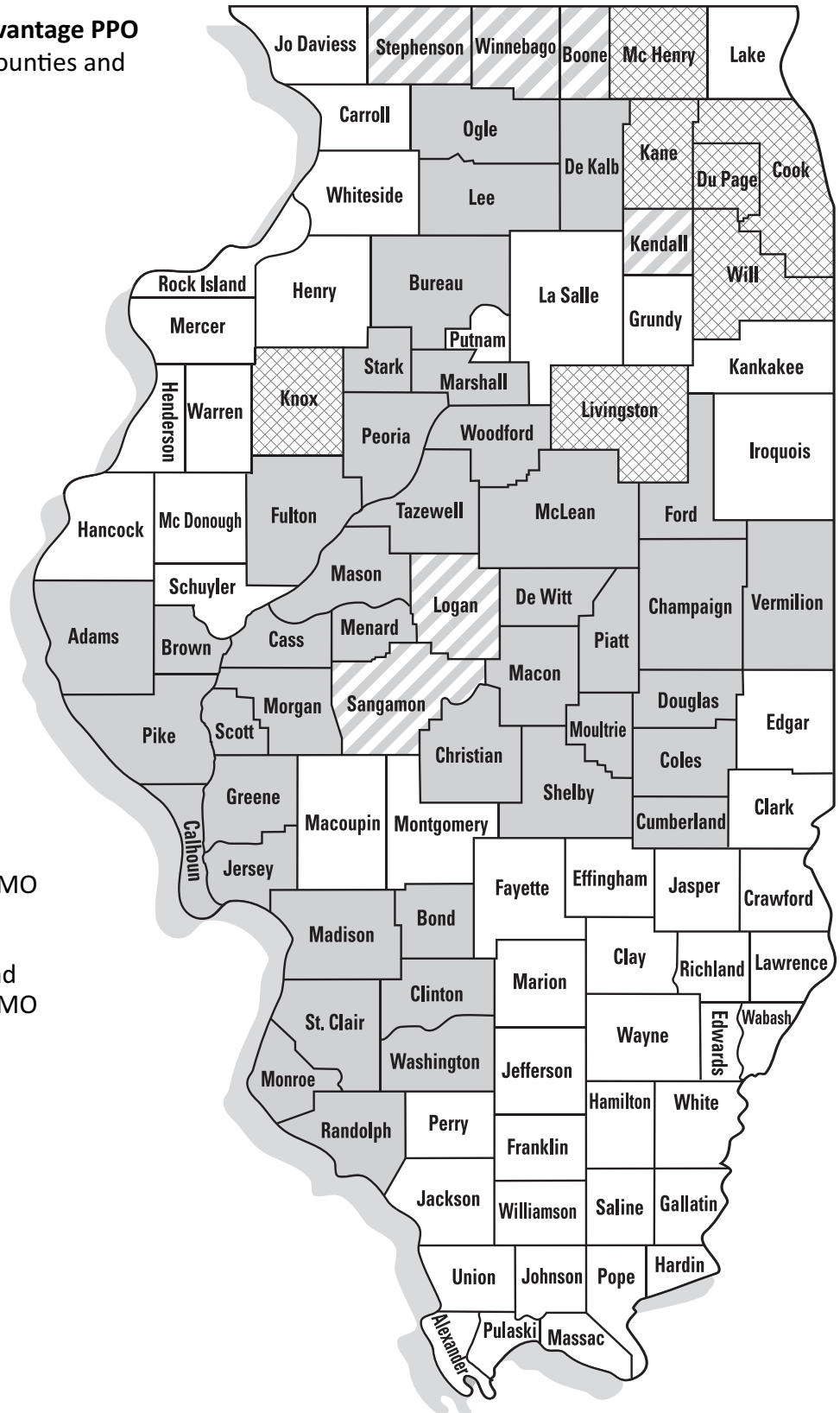
* The 5% rates in the chart above do not apply to the following members: U of I federal retirees, SURS retirees who elected a lower pension in exchange for free insurance, retirees, annuitants and survivors of vested retired judges and general assembly members, SURS and SERS members who retired prior to 1/1/1998, TRS members who retired prior to 7/1/1999, and vested regional superintendents who retired under TRS on or after 7/1/1998.

A Map of TRAIL MAPD Plans by County

The UnitedHealthcare Medicare Advantage PPO (UHC PPO) is available in all Illinois counties and throughout the U.S.

UnitedHealthcare PPO, Aetna Medicare Plan (HMO), Health Alliance MAPD HMO and the Humana Employer Medicare HMO availability is indicated by the key below:

-  UHC PPO and Health Alliance MAPD HMO
-  UHC PPO and Aetna Medicare Plan (HMO)
-  UHC PPO and Humana Employer Medicare HMO
-  UHC PPO and Aetna Medicare Plan (HMO) and Humana Employer Medicare HMO



HMO Plans

Aetna Medicare Plan (HMO), Health Alliance MAPD HMO and Humana Employer Medicare HMO

The chart below highlights Medicare Advantage Prescription Drug (MAPD) benefits for the HMO plans under the *Total Retiree Advantage Illinois* program.

HMO Medical Benefit	
Members must use network providers, except for emergency services	
Annual medical deductible	None
Doctor office visit	Plan pays 100% after you pay \$20 copay per visit
Specialist office visit	Plan pays 100% after you pay \$30 copay per visit
Preventive services	Plan pays 100%; you pay 0%
Emergency	Plan pays 100% after you pay \$120 copay per visit (can use non-network provider if nearer to you than network provider); copay is waived if you are admitted within 24 hours
Inpatient hospital	Plan pays 100% after you pay \$350 copay per admission
Outpatient surgery	Plan pays 100% after you pay \$250 copay
Diagnostic tests (lab, x-ray, radiology)	Plan pays 100%; you pay 0%
Annual out-of-pocket maximum	\$3,000
Hearing Instruments and related services	\$2,500 for hearing instrument and related services every 24 months for all individuals when a hearing care professional prescribes a hearing instrument. Contact plan for additional details.

HMO Prescription Drug Benefit			
Rx Plan Year Deductible	\$100		
Retail And Mail Order Pharmacy (Initial and Coverage Gap Stages)	You may obtain a 90-day supply of drugs at a retail pharmacy or through mail order. The copayment for a 61-90 day supply is 2.5 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1*	\$8	\$16	\$20
Tier 2	\$26	\$52	\$65
Tier 3 and Tier 4 (specialty drugs)**	\$50	\$100	\$125
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$6,350 in true out-of-pocket prescription drug costs.		
Aetna Medicare Plan (HMO), Health Alliance MAPD HMO and Humana Employer Medicare HMO	Greater of 5% of the retail cost of the drug <u>OR</u> \$3.60/Generic or \$8.95/Non-generic; the 5% cannot exceed the caps below:		
	30-Day Supply \$50.00	60-Day Supply \$100.00	90-Day Supply \$125.00

* HMOs may also have a pharmacy saver program, contact the plan provider for more information.

** Specialty drugs may only be available in a 30-day supply; varies by plan.

PPO Plan

UnitedHealthcare PPO

The chart below highlights Medicare Advantage Prescription Drug (MAPD) benefits for the PPO plan under the *Total Retiree Advantage Illinois* program.

PPO Medical Benefit	
Annual medical deductible	\$110
Doctor office visit	Plan pays 85%; you pay 15% after annual deductible
Specialist office visit	Plan pays 85%; you pay 15% after annual deductible
Preventive services	Plan pays 100%; you pay 0%
Emergency	Plan pays 100% after you pay \$120 copay per visit; copay is waived if you are admitted within 24 hours
Inpatient hospital	Plan pays 85%; you pay 15% after annual deductible
Outpatient surgery	Plan pays 85%; you pay 15% after annual deductible
Diagnostic tests (lab, x-ray, radiology)	Plan pays 85%; you pay 15% after annual deductible
Annual out-of-pocket maximum	\$1,300
Hearing Instruments and related services	\$2,500 for hearing instrument and related services every 24 months for all individuals when a hearing care professional prescribes a hearing instrument. Contact plan for additional details.

PPO Prescription Drug Benefit			
Rx Plan Year Deductible	\$125		
Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Maintenance and nonmaintenance medication is available in a 90-day supply at retail pharmacies and through mail order. The copayment for a 61-90 day supply is 2.5 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1	\$10	\$20	\$25
Tier 2	\$30	\$60	\$75
Tier 3 and Tier 4 (specialty drugs)	\$60	\$120	\$150
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$6,350 in true out-of-pocket prescription drug costs.		
	30-Day Supply	60-Day Supply	90-Day Supply
UnitedHealthcare PPO	Greater of 5% of the retail cost of the drug <u>OR</u> \$3.60/Generic or \$8.95/Non-generic; the 5% cannot exceed \$60.00		

Do You Have Questions?

Visit our website at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov) on your computer, smartphone or tablet. You also have the option to call a customer service representative for further assistance or to enroll over the phone, Monday – Friday 8:00 AM– 6:00 PM CT (toll-free) **844-251-1777** or **844-251-1778 TDD/TTY**.

Other Contributions

Monthly Health Contributions for Dependent Coverage

Aetna Medicare Plan (HMO), Health Alliance MAPD HMO or Humana Employer Medicare HMO		UnitedHealthcare PPO	
One Dependent	Two or More Dependents	One Dependent	Two or More Dependents
\$89.91	\$126.00	\$110.00	\$155.00

Optional Term Life Plan Monthly Contributions

Member's Age	Monthly Contribution Per \$1,000 of Coverage
Under 30	\$0.02
30-39	\$0.06
40-49	\$0.08
50-54	\$0.16
55-59	\$0.36
60-64	\$0.62
65-69	\$1.22
70 and above	\$2.02

Spouse Life Monthly Contributions

Coverage	Monthly Contribution
Spouse Life \$10,000 coverage (Annuitant under age 60)	\$6.00
Spouse Life \$5,000 coverage (Annuitant age 60 or older)	\$3.00

AD&D Monthly Contribution

Coverage	Monthly Contribution Per \$1,000 of Coverage
Accidental Death & Dismemberment	\$0.02

Child Life Monthly Contribution

Coverage	Monthly Contribution
Child Life \$10,000 coverage	\$0.70

Delta Dental Contributions

Delta Dental Plan Monthly Contributions

Coverage	Monthly Contribution
Member Only	\$11.00
Member Plus 1 Dependent	\$17.00
Member Plus 2 or More Dependents	\$19.50

EyeMed Vision Coverage

Service	Network Provider Benefit	Out-of-Network** Provider Benefit	Benefit Frequency
Eye Exam	\$25 copayment	\$30 allowance	Once every 12 months
Spectacle Lenses* (single, bifocal and trifocal)	\$25 copayment	\$50 — single lenses \$80 — bifocal/trifocal lenses	Once every 12 months
Standard Frames (up to \$175 retail frame cost; member responsible for balance over \$175)	\$25 copayment	\$70 allowance	Once every 24 months
Contact Lenses in lieu of spectacle lenses)	\$120 allowance	\$120 allowance	Once every 12 months

* Spectacle Lenses: Plan participant pays any and all optional lens enhancement charges. Network providers may offer additional discounts on lens enhancements and multiple pair purchases.

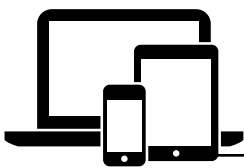
** Out-of-network claims must be filed within one year from the date of service.



Department of Central Management Services
Bureau of Benefits–Group Insurance Division
801 S. 7th Street
PO Box 19208
Springfield, IL 62794-9208

TRAIL MAPD Seminar Schedule

Any impacted retiree may attend any meeting. Reservations not required.



If you are unable to attend in person, you can log on to your computer, smartphone or tablet to view the seminar via live-stream webinar on October 22. Just login online at **MyBenefits.illinois.gov**. Click on the TRAIL MAPD tile and watch from the comforts of your home. If unable to attend a live seminar, a video will be available at **MyBenefits.illinois.gov**.

October 15, 2019
Radisson Hotel & Conference Center
200 S. Bell School Rd.
Rockford, IL
9:00 a.m. – 11:00 a.m.

October 16, 2019 (Two Sessions)
Hilton Garden Inn
4070 East Main St.
Saint Charles, IL
9:00 a.m. – 11:00 a.m.
1:00 p.m. – 3:00 p.m.

October 17, 2019
Courtyard Chicago Downtown/Magnificent Mile
165 East Ontario Street
Chicago, IL
9:00 a.m. – 11:00 a.m.

Hilton Chicago
9333 S. Cicero Ave.
Oak Lawn, IL
3:00 p.m. – 5:00 p.m.

October 18, 2019
Holiday Inn & Convention Center
18451 Convention Center Dr.
Tinley Park, IL
9:00 a.m. – 11:00 a.m.

October 21, 2019
Holiday Inn & Suites
Peoria at Grand Prairie
7601 N. Orange Prairie Road
Peoria, IL
9:00 a.m. – 11:00 a.m.

Eastland Suites Hotel
1801 Eastland Dr
Bloomington, IL
3:00 p.m. – 5:00 p.m.

October 22, 2019 (Two Sessions)
Crowne Plaza
3000 S. Dirksen Parkway
Springfield, IL
9:00 a.m. – 11:00 a.m.
1:00 p.m. – 3:00 p.m.

October 23, 2019
DoubleTree by Hilton Mt. Vernon
222 Potomac Blvd
Mt. Vernon, IL
9:00 a.m. – 11:00 a.m.

The Regency Conference Center
400 Regency Park Drive
O'Fallon, IL
3:00 p.m. – 5:00 p.m.

October 24, 2019
Hilton Garden Inn Champaign/Urbana
1501 South Neil Street
Champaign, IL
9:00 a.m. – 11:00 a.m.